

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	11 September 2024
Present	Councillors J Burton (Chair), Vassie (Vice-Chair), Hook, Moroney, D Myers [to 7:57pm], Rose, Runciman, Smalley, Wann and Clarke (Substitute)
Apologies	Councillor Wilson
In Attendance	Councillor Pavlovic (Executive Member for Housing, Planning and Safer Communities) Councillor Steels-Walshaw (Executive Member for Health, Wellbeing and Adult Social Care)
Officers Present	Peter Roderick, Director of Public Health Jennifer Irving, Public Health Specialist Practitioner Advanced Pauline Stuchfield, Director of Housing and Communities Denis Southall, Head of Housing Management and Housing Options Andrew Bebbington, Housing Strategy Officer
External Visitors	Hayley Patterson, Programme Lead – Primary Care, NHS Humber & North Yorkshire Integrated Care Board (ICB)

12. Declarations of Interest (5:32 pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests.

None were declared, although in relation to agenda item 5 (Homelessness Future Resettlement Pathway) the Executive Member for Health, Wellbeing and Adult Social Care, Cllr Steels-Walshaw, noted in the interests of transparency that she had worked for Changing Lives in the past.

13. Minutes (5:33 pm)

Members considered the accuracy of the minutes of the meetings held on 15 May 2024, 12 June 2024 and 10 July 2024. It was suggested that suitable words could be added to minute 47 (Briefing on Adult Autism and ADHD Assessment services) of the 15 May meeting to reflect the current situation for those not on the 'priority' pathway.

Resolved: That subject to the suggested addition, the minutes of the meetings held on 15 May 2024, 12 June 2024 and 10 July 2024 be agreed as a correct record and signed by the Chair.

14. Public Participation (5:35 pm)

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

Richard Harrison, director of a local independent pharmacy group, spoke in relation to agenda item 4 (Community Pharmacy Provision in York), giving an overview of his group's work at its pharmacies across York. He noted the impact of the freezing of government pharmacy funding at 2015 levels and a 40% increase in costs in the nine years since on the sustainability of the sector, and how closures had created 'pharmacy deserts', often in deprived areas. He also noted that the ICB had turned down three recent applications, including one from his company, to open a pharmacy in Clifton.

Mr Harrison then responded to questions from the committee, and confirmed that:

- His company, Haxby Group Pharmacy Limited, trading as Citywide Health, had not closed any pharmacies, and was yet to decide whether to appeal the ICB's decision on its application to open a pharmacy in Clifton.
- Government funding for community pharmacies was now largely based on Pharmacy First consultations rather than prescription dispensing. Given financial constraints his group no longer offered free blister packs for multiple medications, although free refillable trays could be provided for carers and family members to use.
- Car parking charges at Tower Court were a challenge although a system was in place to allow visitors to Tower Court Pharmacy to park for free.
- Prescription dispensing machines were in use in three of the group's pharmacies and could help provide a better service to those just attending a pharmacy to collect prescriptions.

16. Community Pharmacy Provision in York (5:56 pm)

Members considered an update on the provision of community pharmacy services in York, including recent changes and the potential impact on resident access to pharmacies.

Officers were joined by the Programme Lead for Primary Care from NHS Humber and North Yorkshire ICB in providing an overview and responding to questions from the committee. The Chair also invited Mr Harrison, the public participant, to join the discussion. It was noted that:

- Community pharmacy was an important asset to the city, although there were challenges around funding and workforce. The council had no direct responsibility for pharmacy services, which were commissioned by the ICB, but there was a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) and to comment on applications to open pharmacies in relation to the PNA.
- The PNA considered access to and quality of services and was informed by public consultation. At the time of publication of the current 2022-25 PNA, it was felt there were differences between weekdays and weekends, there was adequate choice of pharmacies with good geographic spread. With no national benchmark available, the locally determined benchmark used was a 15-minute walk.
- Through the Health and Wellbeing Board a supplementary statement noting a gap in provision had been issued following the Clifton pharmacy closure in February 2024, and support had since been given to three applications to open a new pharmacy in the Clifton area; all three applications had been rejected by the ICB.
- The ICB's pharmacy committee had followed official guidance in using the current 2022 PNA in determining the applications rather than supplementary statements; although there had been unprecedented pharmacy changes including closures over the last few years, supplementary statements were considered statements of fact rather than a vehicle for assessing the impact of proposed changes. In the case of the Clifton applications the pharmacy committee had not been assured that relevant criteria under NHS pharmacy regulations around improved access, reasonable choice and innovative approaches had been met.
- The regulations were complex and could offer greater clarity. Given that national systems did not appear to be working for residents in this case, it was suggested that the Minister of State for Care, Stephen Kinnock MP, be invited to visit York to look at the situation

around 'pharmacy deserts'. It was also suggested that given the complexities of the application process, support could be offered to those submitting applications to open pharmacies where there was a gap in provision.

- Community pharmacy operated on a contractor model, and there was no cost to the council or the NHS from the opening of a new pharmacy as this was borne by the contractor. There was no longer any margin in dispensing as funding was based on delivering Pharmacy First appointments. Given the increased numbers attending pharmacies for prescriptions, staff were often kept busy on work pharmacies were not reimbursed for, which in turn affected their capacity for Pharmacy First appointments.
- National NHS efforts to put more pharmacists into GP practices had contributed to staffing challenges; while this offered more attractive hours for pharmacists, it had led a shortfall of trained staff and greater reliance on locums in community pharmacies.
- When the Public Health team were notified of issues such as a lack of step-free access at pharmacies, they would seek to influence contractors to improve accessibility. With reference to travel to pharmacies, it was also noted that there was a lack of taxi provision for those with accessibility needs.
- Several members drew attention to access issues for those living in rural wards who lived further than a 15-minute walk from a pharmacy and often not on a direct public transport route, including those in Skelton who had to travel to Tower Court. The climate change implications of a lack of rural provision were noted, and it was suggested that a strategy for the entire council area, including support for primary care centres incorporating pharmacy services in the villages, be considered. The maps in the report referred to recent closures; full maps of the whole council area were published in the PNA.
- While the council worked with the ICB to identify needs, its role in this area was as a supportive partner as it did not commission or provide pharmacy services. However good pharmacy provision could relieve demand on other council services, as well as on primary care and urgent care.
- With reference to increased pressures on services from new housing developments, it was important to ensure that services beyond primary care had the resources they needed, although it was uncertain if Section 106 agreements had ever been used to fund pharmacy provision.

- Community pharmacies played an important role in the provision of winter flu and Covid vaccinations, and a report on health protection issues for the coming winter was scheduled for the committee's November meeting.
- The Executive Member for Health, Wellbeing and Adult Social Care re-iterated the benefits of good community pharmacy provision and the need for a pharmacy in Clifton.

Resolved:

- i. To note the report.

Reason: To keep the committee updated.

- ii. That the chair write to the Minister of State for Care, Stephen Kinnock MP, inviting him to visit York to look at the situation around 'pharmacy deserts'.

Reason: To ensure the Minister is informed about the issue of 'pharmacy deserts' in York.

- iii. With reference to the rejection of the applications to open a pharmacy in Clifton:
 - a. That the committee is not satisfied that there would not be any improvements or better access by granting these applications;
 - b. That the committee is not satisfied that there is a reasonable choice relating to obtaining pharmaceutical services in the Clifton area;
 - c. That the committee is not satisfied that there is no evidence to support innovative approaches to the delivery of pharmaceutical services;
 - d. That points a.-c. above be forwarded as a resolution to the ICB, and to the Council's Executive requesting it to urgently review the situation.

Reason: To ensure the ICB and the Council Executive are informed of the committee's views on this issue.

- iv. That the Director of Public Health request clarity from the Minister over the status of supplementary statements to the PNA, and to request that these be taken into account when applications were considered.

Reason: To provide clarity to the ICB, Public Health, members and residents around the process for updating the PNA.

- v. That the impact of a lack of taxi provision for those with accessibility needs on access to healthcare also be raised with the ICB.

Reason: To ensure the ICB is informed about this issue.

- vi. That with reference to applications to open pharmacies, advice be sought around the possibility of offering communication in terms of interpreting and offering clarity on the PNA, and including appropriate contact details in the PNA or the website it appears on,

Reason: To ensure that any opportunity for clarity around the interpretation of the PNA was open to all.

- vii. That a strategy for provision in rural areas be considered, including shared primary care facilities in villages, including consideration of travel and climate implications.

Reason: To ensure accessibility to services for all residents.

[The meeting adjourned from 7:09-7:20 pm for a comfort break].

16. Homelessness Future Resettlement Pathway (7:20 pm)

The committee considered a report on resettlement pathways for those over the age of 16 in York who found themselves homeless. Discussion of this item had been deferred from the committee's 12 June 2024 meeting.

Officers provided an overview and responded to questions from the committee. It was confirmed that:

- Work was underway to bring in-house the community wellbeing resettlement services currently run by Changing Lives, including the operation of the single persons hostel at Union Terrace, and the women-only hostel at Robinson Court. Transfer of services and approximately 45 staff to the council would take place on 30 November 2024. The transition project was being resourced from existing budgets.
- Alongside this a new Homelessness and Rough Sleeping Strategy was in development. This would take a Housing First approach focusing on rapid re-housing and would support individuals and families to establish and maintain tenancies through cross-agency support services. It would aim to address the specific needs of

disabled people, prevent rough sleeping, tackle domestic abuse and make more homes available.

- There was an integral relationship with Children's Services around youth homelessness with protocols in place for care leavers and homeless 16- and 17-year-olds. Responsible managers were supported with Ofsted registration and a specific Ofsted-registered site for homeless 16- and 17-year-olds was being developed at Scarcroft Road.
- Liaison was taking place with the Probation Service in relation to the early release of prisoners; with expected numbers in York at fewer than five, any demand for homelessness services could be accommodated within existing resources.
- The data-led performance framework referred to in the Equalities Impact Assessment at Annex C was in development with partners and Business Intelligence colleagues. This would include qualitative local information drawing on lived experience of services alongside statutory quantitative data.

With reference to the new Homelessness and Rough Sleeping Strategy it was noted that:

- Partnership working was embedded in the new strategy and was integral to providing wraparound support alongside the core services delivered by the council. Consultation was taking place with partners, including Changing Lives and the Salvation Army, in drafting strategic priorities over the coming weeks.
- The strategy would be driven forward by a new strategic governance structure with two elements: an operational board chaired by the Head of Housing Management and Housing Options, and a multiagency strategic partnership board chaired by the Corporate Director of Adult Social Care and Integration which would report to the York Place Board of the Humber and North Yorkshire Integrated Care Board (ICB).
- Lessons learnt from the review of the previous contract with the Salvation Army, which had recently been considered by the Audit and Governance Committee, would inform this work. As part of that process the Director of Housing and Communities had held meetings with the Salvation Army's regional director and assistant director responsible for local services.
- Compliance with financial and contractual regulations would be the responsibility of senior managers at the council but the effectiveness of outcomes will be monitored and challenged by the strategic board. Robust performance evaluation was crucial and it was hoped that the

Centre for Housing Studies at the University of York would provide independent evaluation.

- The Executive Member for Housing, Planning and Safer Communities noted that rough sleeping figures were now published monthly. He outlined the benefits of the proposed approach and noted the importance of transparency and engagement in developing services which could improve the lives of those experiencing homelessness.
- The strategy would be considered by the Executive on 12 December. Committee members were invited to input into its development ahead of this and discussed options for a suitable format and date for doing so, with a view to reviewing the draft strategy during October.

Resolved:

- i. To note the progress on this service provision and to agree to a further item to be presented to the Committee in early 2025, once the new in-house service delivery is underway.
- ii. That the chair and vice-chair liaise with officers to organise a suitable format and date for committee members to consider the new draft Homelessness and Rough Sleeping Strategy, ahead of the Executive considering the strategy at its December meeting.

Reasons:

- i. To keep the committee updated.
- ii. To ensure that committee members are able to give their input into the development of new Homelessness and Rough Sleeping Strategy.

17. Work Plan (8:10 pm)

The committee considered its work plan for the 2024/25 municipal year. Several points were raised including:

- The continued suitability of the thematic rotation of meetings by Directorate area, given the very large remit of the committee, and that a number of work plan items remained unallocated.
- The need for the committee to feed into the development of the Council's Autism and Neurodiversity Strategy. This had been earmarked for spring 2025, but it was noted that concerns had been raised, including by the York Disability Rights Forum, over the present

position around access to assessment for autism and ADHD, particularly for those not on the priority pathway.

- That no items were currently scheduled for the January 2025 meeting; and that options for this meeting might include the unallocated practical item on reablement technology, the report of the Task and Finish Group on Home Care Commissioning, or the proposed update on the in-house homelessness resettlement service.
- That rather than make significant impromptu alterations to the work plan, the chair and vice-chair should consult with officers and circulate suggestions to the committee.

Resolved: That the chair and vice-chair liaise with officers to suggest suitable scheduling of unallocated items.

Reason: To keep the committee's work plan updated.

Cllr J Burton, Chair

[The meeting started at 5.32 pm and finished at 8.17 pm].